| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |   |  |                               |              |                                  |     |              | Application or Docket Number |          |                          |                        |
|--|--|---|--|-------------------------------|--------------|----------------------------------|-----|--------------|------------------------------|----------|--------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |  |                               |              |                                  |     | SMALL ENT    |                              | OR       | OTHER<br>SMALL E         |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |                               |              |                                  |     | RATE         | FEE                          |          | RATE                     | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150                              |                               | LARG         | SE ENT. = \$ 300                 | ]   | BASIC FEE    |                              | OR       | BASIC FEE                | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100 |                               |              | her situations = 100 / \$ 200    | 1   | EXAM. FEE    |                              |          | EXAM. FEE                | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$       | ntries =                      |              | her situations =<br>250 / \$ 500 |     | SEARCH FEE   |                              |          | SEARCH FEE               | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minu   | ıs 100 =                      | / 50 =       |                                  |     | X \$ 125 =   |                              |          | X \$ 250 =               |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | ab mir   | nus 20 =                      | . 6          |                                  |     | X \$ 25 =    |                              | OR       | X \$ 50 =                | 360                    |
| INDEPENDENT CLAIMS   |  |   | a m  | inus 3 =                      | •            |                                  |     | X \$ 100 =   |                              | OR       | X \$ 200 =               | ٠.                     |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI  | ESENT  |                               |              |                                  |     | + \$ 180 =   |                              | OR       | + \$ 360 =               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                               |              |                                  | •   | TOTAL        |                              | OR       | TOTAL                    |                        |
| AMENDMENT A  | 7-16-0k  | CLAIMS AS (Column 1) CLAIMS REMAINING AFTER AMENDMENT | G HIGH<br>NUM<br>PREVI<br>PAID                   |                               |              | (Column 3) PRESENT EXTRA         |     | SMALL E      | ADDI-<br>TIONAL<br>FEE       | OR<br>OR | OTHER<br>SMALL E<br>RATE |                        |
|  | Independent                                    | • 2   | Minus  | ··· 2                         | <b>6</b>     | = /                              |     | X \$ 100 =   |                              | OR       | X \$ 200 =               | -                      |
|  | FIRST PRESENTATION OF MULTIPLE DE              |   |  | PENDENT CLAIM                 |              |                                  |     | + \$ 180 =   |                              | OR       | + \$ 360 =               | -                      |
|  |  |   |  |                               |              |                                  | j · | TOTAL ADDIT. | 1                            | OR       | TOTAL ADDIT.             | +                      |
| (Column 1) (Column 2) (Column 3)   |  |   |  |                               |              |                                  |     |              |                              |          |                          |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>- AFTER<br>AMENDMENT           |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA                 |     | RATE         | ADDI-<br>TIONAL<br>FEE       |          | RATE                     | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                            |              | =                                |     | X \$ 25 =    |                              | OR       | X \$ 50 =                |                        |
|  | Independent                                    | •   | Minus  | ***                           |              | =                                |     | X \$ 100 =   |                              | OR       | X \$ 200 =               |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |              |                                  |     | + \$ 180 =   |                              | OR       | + \$ 360 =               | •                      |
| TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE   |  |   |  |                               |              |                                  |     |              |                              |          |                          |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |  |                               |              |                                  |     |              |                              |          |                          |                        |